

1. CIR./DIST./DIV. CODE WVS		2. PERSON REPRESENTED Otiso, Robert M.		VOUCHER NUMBER																																																																																																												
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:09-000251-002		5. APPEALS DKT./DEF. NUMBER																																																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. Otiso		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																												
				10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1349.F -- ATTEMPT AND CONSPIRACY TO COMMIT FRAUD																																																																																																																
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Tinney Jr., John Hampton 222 Capitol Street P. O. Box 3752 Charleston WV 25337-3752 Telephone Number: (304) 720-3310			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court: <u>John J. Hampton</u> Date of Order: <u>06/02/2010</u> Nunc Pro Tunc Date: <u>05/20/2010</u> Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																													
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Tinney Law Firm, PLLC 222 Capitol Street P. O. Box 3752 Charleston WV 25337-3752																																																																																																																
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